



HealthCircle  
Peak Nutrition Clinic

UNIVERSITY OF COLORADO  
COLORADO SPRINGS

NAME

DAY/DATE

**FOOD Day 1**

<u>MEAL</u>	<u>TIME</u>	<u>FOODS AND DRINK INTAKE</u>	<u>PORTIONS (Cup, Tablespoon, etc.)</u>
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

### 3 DAY FOOD LOG

#### FOOD Day 2

<u>MEAL</u>	<u>TIME</u>	<u>FOODS AND DRINK INTAKE</u>	<u>PORTIONS (Cup, Tablespoon, etc.)</u>
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

Please be as accurate as possible. It is easier to record your intake at the end of the meal rather than the end of the day. Do not forget to record water, diet soda, gum, etc.

NAME \_\_\_\_\_

DAY/DATE \_\_\_\_\_

### 3 DAY FOOD LOG

#### FOOD Day 3

<u>MEAL</u>	<u>TIME</u>	<u>FOODS AND DRINK INTAKE</u>	<u>PORTIONS (Cup, Tablespoon, etc.)</u>
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

Please be as accurate as possible. It is easier to record your intake at the end of the meal rather than the end of the day. Do not forget to record water, diet soda, gum, etc.

NAME \_\_\_\_\_

DAY/DATE \_\_\_\_\_

**3 DAY EXERCISE LOG**

**EXERCISE Days 1-3**

<u>Day</u>	<u>TIME</u>	<u>Type of Exercise</u>	<u>Duration</u>
1			
2			
3			

Please be as accurate as possible. It is easier to record your intake at the end of the meal rather than the end of the day. Do not forget to record water, diet soda, gum, etc.

NAME \_\_\_\_\_

DAY/DATE \_\_\_\_\_